

## **What is “Disabled Child in Home Care” / “Katie Beckett”?**

Disabled Child in Home Care (DCHC) is a Medicaid program often referred to as “Katie Beckett.” At five months old, Katie Beckett contracted a brain infection and suffered paralysis that left her hospitalized on a ventilator for three years. Katie’s middle-class family’s commercial health insurance policy was soon exhausted. While she was in the hospital, Medicaid paid for Katie’s medical care but when she improved enough to live with her family, her Medicaid was terminated. This is because Medicaid counted Katie’s parent’s income and assets if she was in their home but not if she was in the hospital. Medicaid could only pay for Katie’s care if she remained in an institution.

Katie’s story eventually reached President Reagan, who waived the Medicaid rule on a one-time basis. Congress later passed laws letting states make the same coverage available to other children like Katie. Vermont elected to cover the Katie Beckett Medicaid pathway.

DCHC/Katie Beckett is unique in the Medicaid program in two ways. First, it does **not** count the income or assets of the parents. It counts only those of the child. Second, a child must be determined disabled by the Social Security Administration **AND** must require an institutional level of care.

### **To meet the rules for Medicaid under DCHC/Katie Beckett:**

- 1.** The child must be under age 19.
- 2.** Social Security’s Disability Determination Section must say the child is disabled.
- 3.** The **child’s** income and assets must meet Medicaid rules. **The parent’s income and assets don’t count.**
- 4.** The child must need care on a daily basis. It must be the kind of care normally only given in a:
  - Hospital **OR**
  - Skilled Nursing Facility **OR**
  - Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) **OR**
  - Psychiatric Hospital
- 5.** The child’s doctor must document the level of care the child needs. The doctor also must say that this care can be given at home. (Vermont Medicaid will send the treating doctor a form to complete.)
- 6.** The cost of home care must be the same or less than care in an institution.

**What is an institutional level of care?** It is services, professional expertise, and technology typically only provided in institutions. See #4 above for the four kinds of institutions this covers. A doctor must document what level of care the child needs. The doctor must say if the child can



get that care at home. Care includes services, professional know-how, and technology. Does the child need intensive behavioral services? That alone is not enough to meet the level of care rules.

**How is institutional level of care determined?** It is determined by clinicians at Social Security's Disability Determination Section. Beginning January 1, 2024, Vermont Medicaid will start using a standardized assessment tool to determine level of care. The tool will make level of care criteria clearer and more consistent among different screeners. You can see the tool on [the Agency of Human Services website](#). The new assessment tool does **not** change the legal standard for qualifying.

**For a child to meet any of the 4 levels of care described below:**

1. That level of care must be needed for at least the next 12 months.
2. In most cases, the care must be prescribed by the child's treating physician.
3. The child's records must have clinical justification for needing that level of care. **AND**
4. The child's doctor and documentation must show that in-home care is appropriate.

**Hospital level of care** - The child must have a severe or potentially unstable medical condition and must need skilled observation and assessment multiple times a day. Services, technology, and professional expertise must equal those generally provided in an inpatient acute care facility.

**Skilled nursing facility level of care** – The child must need daily licensed skilled nursing services and/or rehabilitation services. Prescribed services must be ones that are typically only provided in a skilled nursing facility.

**Intermediate Care Facility for Individuals with Intellectual Disabilities or ICF/IID level of care** – The child must require active treatment due to a developmental disability **OR** a related condition. It does **NOT** include intensive behavioral services that, by definition, are meant to be provided in a child's natural environment. The prescribed services must be ones that would typically only be provided in an ICF/IID.

**Inpatient Psychiatric Hospital level of care** - The child must be diagnosed with a disabling mental health condition that severely disrupts their ability to function at home, school, and in the community. The child must need daily support, comprehensive treatment, and close supervision with a goal to stabilize symptoms and provide safety. The child must have marked or extreme impairments in areas specified in the tool.

**What if a child is denied Katie Beckett or told their Medicaid will end?** The family has the right to appeal to Vermont's Human Services Board. Is the child already on Medicaid? They can keep Medicaid until there is a final decision in their appeal. **BUT** they must ask for continuing Medicaid coverage and meet appeal deadlines.

**Have questions about this program?** Call **1-800-250-8427**. Or refer interested parents to this number for information or to apply.